RECEIVED CENTRAL FAX CENTER

21001

FEB 2 0 2007

CONFIDENTIAL

BIOTECHNOLOGY LAW GROUP 527 N. Hohn av 104, Suidle Solana Beach, CA 92075-1173 111 (858,350-9690) FAN: 858,350-9691

Fax

То:	COMMISSIONER FOR PATENTS Central Fax Center		R PATENTS	From: Daniel M. Chambers (858) 350-9690		
——— Fax:	1-57	1-273-8300)	Date: FEB L	9_,2007	
Phone:				Pages: (2) including cover		
Re:	Change of Correspondence Address Request Form (Your Reference: SB123)					
	Urgent	☑ For Action	☐ Please Comment	☐ Please Reply	☐ Please Recycle	
	RE: Patent No. 6,803,224			ANY. REF. NO .: ACT-2001-CT		
	Dear Sir,					
	I respectfully submit via facsimile transmission the cover sheet and a Change of Correspondence Address Form (SB123) as a request to change the correspondence address for the above-identified patent. Your prompt attention to implement this change is requested.					
	Thank you in advance for your assistance					
	Sincerely,					
	Daniel M. Chambers					
	BioTechnology Law Group					

RECEIVED **CENTRAL FAX CENTER**

2002

FEB 2 0 2007

PTO/SB/123 (01-06)
Approved for use through 12/31/2009, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a yalld OMB control number. Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of Patent Number 6,803,224 CHANGE OF Issue Date Oct 12, 2004 CORRESPONDENCE ADDRESS Application Number 09/746,567 Patent Filing Date Dec 21, 2000 Address to: Mail Stop Post Issue : First Named Inventor **Commissioner for Patents** Peter Chahley P.O. Box 1450 Attorney Docket Alexandria, VA 22313-1450 ACT-2001-CT Number

	<u> </u>						
Please change the Correspondence Address for the above-identified patent to:							
The address associated with Customer Number:	35938						
OR							
Firm or Individual Name BloTechnology Law Group							
C/O Portfolio IP P.O. Box 52050							
Address							
City Minneapolis	State MN	ZIP 55402					
Country USA							
Telephone (858) 350-9690	Email dan@biotechnologylawgro	oup.com					
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).							
1 am the:							
Patentee.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
Attorney or agent of record. Registration Number 34,561							
Signature Man M. Maut							
Typed or Daniel M. Chambers							
Date FEB. 19 2007	i relebitore) 350-9690					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of 1 forms are submitted.							

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patoni and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Post Issue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, cell 1-800-PTO-9199 and select option 2.